

THE CLEVELAND MUSEUM OF ART

FORTY-SIXTH ANNUAL EXHIBITION OF WORK BY ARTISTS AND CRAFTSMEN OF THE WESTERN RESERVE

MAY 6 to JUNE 14 1964

Born in Cleveland ☐ YES ☒ NO

PLEASE
LETTER
PLAINLY
OR TYPE

Collaborator if any _____

Artist _____

Robert J. Rice

FIRST NAME

LAST NAME

Address _____

3484 Tuttle Ave. Cleve. 44111 Cuyahoga

Tel. _____

671-0754

NO.

STREET

CITY

ZIP CODE

COUNTY

Out-of-town residents should state whether return shipment is required. ☐ YES ☐ NO

Please enclose Registration Fee of \$2.00 (Check or Money Order) with Entry Blank..

NUMBER FOR SALE	NUMBER IN EDITION (Graphic Prts.)	PRICE	TITLE	MEDIUM	CLASS W.C.	DO NOT WRITE IN THESE COLUMNS
<i>1</i>		<i>150</i>	<i>No Anemonies</i>	<i>polymer</i>	<i>2</i>	<i>2070</i> <i>A</i> ✓
<i>1</i>		<i>150</i>	<i>Interpretor</i>	<i>polymer</i>	<i>2</i>	<i>2071</i> <i>R</i> ✓
<i>1</i>		<i>250</i>	<i>Thespian</i>	<i>polymer</i>	<i>2</i>	<i>2072</i> <i>A</i> ✓

SUBMIT ENTRY BLANK NO LATER THAN MARCH 9, 1964.

This entry blank must be fully made out (typewritten or plainly lettered) and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1964.

It is also understood that accepted entries will remain on exhibition until June 14, 1964.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

Robert J. Rice
SIGNATURE

Original on file -